

1030104  
1281Please type a plus sign (+) inside this box →  +Approved for use through 10/31/02. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 204552031900

First Inventor Shuichi HIRUKAWA

Title SEMICONDUCTOR LASER DEVICE AND OPTICAL DISC UNIT

Express Mail Label No. (labelno)

USPTO  
10788411030104  
22851  
10788411

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

1. <input type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 10 ]	9. <input type="checkbox"/> Assignment Papers (cover sheet & Assignment 3 pages)
5. Oath or Declaration a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (where there is an assignee) 11. <input type="checkbox"/> English Translation document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 and 2 references 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) Should be specifically itemized 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	<input type="checkbox"/> Power of Attorney <input checked="" type="checkbox"/> Copies of IDS Citations

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation     Divisional     Continuation-in-part (CIP)    of prior application No: \*

Prior application information: Examiner \*    Group / Art Unit: (group)

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Labelor  Correspondence address below

25227

(Insert Customer No. or Attach bar code label here)

Name			
Address			
City	State	Zip Code	
Country	Telephone	(703) 760-7743	Fax
Name (Print/Type)	Barry E. Bretschneider	Registration No. (Attorney/Agent)	(regno) 28,055
Signature	March 1, 2003		